UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
Section 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

10	7	30	2

OMB APPROVAL	
OMB Number: Expires:	_
Estimated average burden	
hours per response	

SEC USE ONLY						
Prefix		Serial				
DA	TE RECEIV	ED				
	TE RECEIV					

26.00						
Name of Offering (check if this is a	n amendment and name has c	hanged, and indicate	change.)			
Bridge Loan						
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule :	05	■ Rule 506	☐ Section 4(6)	☐ ULOE
Type of Filing: ☑ New F	iling					
	A. B	ASIC IDENTIFICA	ATION DA	TA		
1. Enter the information requested abo	out the issuer					DRACECOL
Name of Issuer (check if this is an a	mendment and name has char	nged, and indicate ch	ange.)			LACEDOE
Quova, Inc.						CED (1 966P
Address of Executive Offices	(Number an	d Street, City, State,	Zip Code)	Telephone Nun	nber (Including Area Code)	3EP 14 2003
333 West Evelyn Avenue, Mounta	in View, CA 94041			(650) 528-370	00	THOMSON
Address of Principal Business Operation	s (Number an	d Street, City, State,	Zip Code)	Telephone Nun	nber (Including Area Code)	FINANCIAI
(if different from Executive Offices)					firm from	
Brief Description of Business Internet Services Provider					*	
Type of Business Organization						1000
corporation	☐ limited partnership, alr	andu formed	□ other	(please specify):		1 8 2205 <i>>></i>
1	_	•	L other	(please specify).	\	
□ business trust	☐ limited partnership, to	be formed			<u>```</u>	<u> </u>
		Ionth Year	r 		T = .	157
Actual or Estimated Date of Incorporation	•	12 99		Actual	☐ Estimated	Y/
Jurisdiction of Incorporation or Organiza	tion: (Enter two-letter U.S.	Postal Service abbre	viation for S	State:		1

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

DE

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

States

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

2. Enter the information requested for the following:									
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
• Each general and managing partner of partnership issuers.									
Check Boxes that Apply: \square Promoter \square Beneficial Owner \boxtimes Executive Officer \boxtimes Director \square General and/or Managing Partner									
Full Name (Last name first, if individual)									
Alexander, Marie									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Quova, Inc., 333 West Evelyn Avenue, Mountain View, CA 94041									
Check Boxes that Apply:									
Full Name (Last name first, if individual)									
Casabonne, Jean-Louis									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Quova, Inc., 333 West Evelyn Avenue, Mountain View, CA 94041									
Check Boxes that Apply: \square Promoter \boxtimes Beneficial Owner \square Executive Officer \boxtimes Director \square General and/or Managing Partner									
Full Name (Last name first, if individual)									
Bhargava, Rajat									
Business or Residence Address (Number and Street, City, State, Zip Code)									
3024 8th Street, Boulder, CO 80304									
Check Boxes that Apply:									
Full Name (Last name first, if individual)									
Feld, Bradley									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o SOFTBANK Technology Ventures V, L.P., 100 Superior Plaza Way, Suite 200, Superior, CO 80027									
Check Boxes that Apply:									
Full Name (Last name first, if individual)									
Kenealy, Patrick									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Pacific Technology Ventures U.S.A. II, L.P., 665 Montgomery Street, Suite 1900, San Francisco, CA 94111									
Check Boxes that Apply:									
Full Name (Last name first, if individual)									
Weathersby, William									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Nexus Capital Partners II, L.P., One Lombard Street, Suite 300, San Francisco, CA 94111									
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c/o Nexus Capital Partners II, L.P., One Lombard Street, Suite 300, San Francisco, CA 94111 Check Boxes that Apply:									
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Check Boxes that Apply:									

A. BASIC IDENTIFICATION DATA

Check Boxes that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)										
SOFTBANK Technology Ventures V, L.P.										
Business or Residence Address (Number and Street, City, State, Zip Code)										
100 Superior Plaza Way, Suite 200, Superior, CO 80027										
Check Boxes that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, i	f individual)									
Nexus Capital Partners	II, L.P.									
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)								
One Lombard Street, Suite 300, San Francisco, CA 94111										
Check Boxes that Apply:	☐ Promoter	🗷 Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, i	f individual)									
International Data Grou	ıp, Inc.									
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)	-							
665 Montgomery Street,	Suite 1900, San F	rancisco, CA 94111								
Check Boxes that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if individual)										
Sequel Limited Partnership II										
Business or Residence Address (Number and Street, City, State, Zip Code)										
4430 Arapahoe Avenue, Suite 220, Boulder, CO 80303										

				В	. INFORM	ATION AB	OUT OFFE	RING				1
1. Has t	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No	
	Answer also in Appendix, Column 2, if filing under ULOE.											×
2. What	is the minimum	investment th	nat will be ac	cepted fror	n any indivi	dual?					\$	<u>N/A</u>
3. Does	the offering perr	nit joint own	ership of a si	ngle unit?							Yes	No
	3. Does the offering permit joint ownership of a single unit?											×
simila assoc deale	the information ar remuneration is intended person or a r. If more than fat broker or deal	for solicitation gent of a brolive (5) persor	n of purchas ker or dealer	ers in conne registered v	ection with s with the SEC	ales of secur C and/or with	ities in the o	ffering. If a pates, list the n	erson to be lis ame of the bro	ted is an oker or		
Full Name	(Last name first	, if individual)									
N/A												
Business o	r Residence Add	lress (Numbe	r and Street,	City, State,	Zip Code)							
Name of A	ssociated Broke	r or Dealer										
States in V	Vhich Person Lis	ted Has Solic	ited or Inten	ds to Solici	Purchasers	*						
(Check "A	Il States" or chec	ck individual	States)						***************************************	·····		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name first	, if individual)			<u> </u>						
Business o	r Residence Add	ress (Numbe	r and Street,	City, State,	Zip Code)							
						•						
Name of A	ssociated Broke	r or Dealer			<u> </u>			····				
States in V	Vhich Person Lis	ted Has Solic	ited or Inten	ds to Solici	t Purchasers							
(Check "A	.11 States" or ched	ck individual	States)				••••••		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ε	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	ISC1	(SD)	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	SE OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate	Amount Already
		Offering Price	Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$20,000.00	\$ 20,000.00
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$ 20,000.00	\$ 20,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this		
۷.	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
			Aggregate
		Number	Dollar Amount
		Investors	of Purchases
	Accredited Investors	1	\$20,000.00
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of	Dollar Amount
		Security	Sold
	Type of Offering	·	
	Rule 505		\$
	Regulation A		S
	Rule 504		\$
	Total		\$ \$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		<u> </u>
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 2,500.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Finders' Fees		\$
	Other Expenses (Identify)		\$
	Total	<u>□</u>	\$\$
	1.0141		Ψ <u> </u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS							
b. Enter the difference between the aggregate offering price given furnished in response to Part C – Question 4.a. This difference is the							
5. Indicate below the amount of the adjusted gross proceeds to the issu shown. If the amount for any purpose is not known, furnish an estin total of the payments listed must equal the adjusted gross proceeds to above.	ate. The						
	Payment Officer Directors Affiliat	s, , & Payment To es Others					
Salaries and fees							
Purchase of real estate							
Purchase, rental or leasing and installation of machinery and equipment \dots	// // // // // // // // // // // // //						
Construction or leasing of plant buildings and facilities		\$					
Acquisition of other businesses (including the value of securities involved may be used in exchange for the assets or securities of another issuer purs							
Repayment of indebtedness							
Working capital	□ \$						
Other (specify):	s						
Column Totals		E \$ 17,500.00					
Total Payments Listed (column totals added)	<u>E</u>	\$17,500.00					
D. FED	ERAL SIGNATURE						
The issuer had duly caused this notice to be signed by the undersigned duly au an undertaking by the issuer to furnish to the U.S. Securities and Exchange Co non-accredited investor pursuant to paragraph (b)(2) of Rule 502.							
Issuer (Print or Type)	Signature	Date					
Quova, Inc.	JUV	August <u>7</u> /, 2005					
Name of Signer (Print or Type)	Title of Signer (Print or Type)	. 1					
Jean-Louis Casabonne	Chief Financial Officer						

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)